



**REOPENING INFORMATION & GUIDELINES**  
**ACKNOWLEDGEMENT OF RECEIPT AND RELEASE OF INFORMATION**  
**St. Paul's Early Learning Center - Effective June 8, 2020**

I, \_\_\_\_\_ have received a copy of St. Paul's Early Learning Center's Reopening Information & Guidelines (Effective June 8, 2020). I understand the policy and procedure changes listed and agree to abide by the updated policies.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

In case of COVID-19 exposure, I agree that St. Paul's Early Learning Center is allowed to release needed medical information, **as required by updated DCFS regulations**, to DCFS, the Macon County Health Department, and the CDC. I also authorize release of potential exposure information *as needed* to staff and families of St. Paul's Early Learning Center in order to prevent potential spread. This authorization will remain in effect until IDPH or DCFS notification that release of this information to the above listed entities is no longer required.

\_\_\_\_\_  
*First and Last Name(s) of Child(ren)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*